

Name
in
Full

William Boorman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

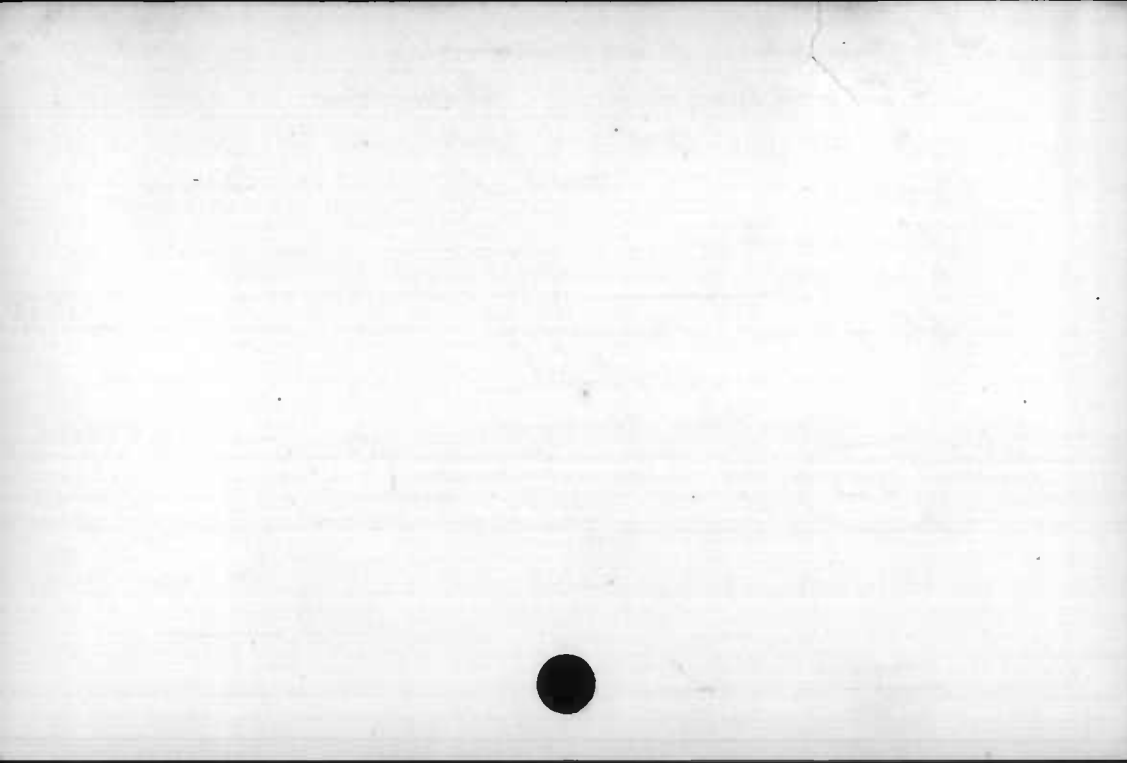
Died at <i>near La Plata</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death	1909	Month	March	Day	22	Age	about 65
Sex	male	Color or Race	colored	Birth-place	Charles Co	Months	Days
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife or Husband <i>Elizabeth Boorman</i>			
Father's Name	<i>William Boorman</i>			Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name	<i>Sam Thorne</i>			Mother's Birthplace <i>Sam Thorne</i>			
Name of person giving information	<i>Alec. Boorman</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic interstitial nephritis</i>	How long	<i>5 or 6 yrs</i>
Immediate	<i>Cardiac insufficiency</i>	How long	<i>3 or 4 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos. S. Owen</i>
		Address	<i>La Plata, Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Ida A. Burch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Hughesville* ^{County} *Lehigh* **MARYLAND**

Date of death ^{Month} *9* ^{Day} *3* ^{Years} *25* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Domestic* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Stephen Burch* Father's Birthplace *Ind*

Mother's Maiden Name *J. M. Welch* Mother's Birthplace *Ind*

Name of person giving information *Amos Burch* How related to deceased *Brother*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *7 days*

Immediate *Heart failure* How long *2 hrs.*

Are the name, age, sex, color, date and place correctly given above?

js

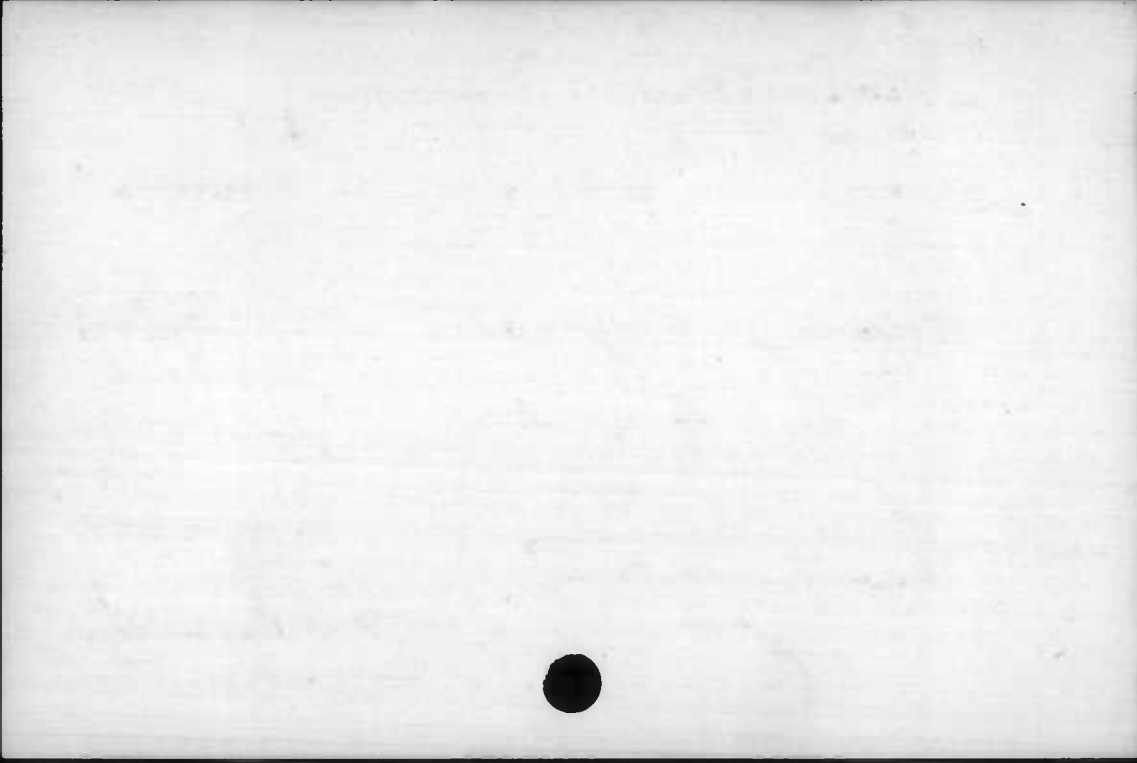
Signature of Physician

J. H. Chapman M.D.

Address



Accident or Suicide?



Name
in
Full

J. H. Roland Carpenter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indians Head</i>		County <i>Adams</i>		MARYLAND	
Date of death	1909	Month <i>Feb</i>	Day <i>6</i>	Age	Years <i>3</i> Months <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Princeton Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Roland J. Carpenter</i>			Father's Birthplace <i>Chen. Co. Ind</i>		
Mother's Maiden Name <i>Willie W. Halley</i>			Mother's Birthplace <i>Chen. Co. Ind</i>		
Name of person giving information <i>R. J. Carpenter</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Inanition</i>	How long	<i>3 months</i>
Immediate	<i>(Uncontrollable vomiting from fullness)</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Mitchell M.D.</i>
		Address	<i>Princeton Ind</i>
Accident or Suicide?	<i>No</i>		



Name

in
Full

L. Patton Cruikebank

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Hamon Hill

Charles

Date

of death

1909

Month

March

Day

13

Age

Years

38

Months

10

Days

Sex

Female

Color or
Race

White

Birth-
place

Hamon Hill Chas Co Md

Occupation

Housewife

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

T Ward Cruikebank

Father's
Name

Rev. H. Mitchell

Father's
Birthplace

Chas Co Md

Mother's
Maiden Name

Lillian T. C. Jennifer

Mother's
Birthplace

Baltimore Md

Name of person giving
Information

R. Laurie Mitchell

How related
to deceased

Brother

CAUSES OF DEATH

53

Primary

Myelogenous Leukemia

How long

About 2 years

Immediate

Exhaustion

How long

About 2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

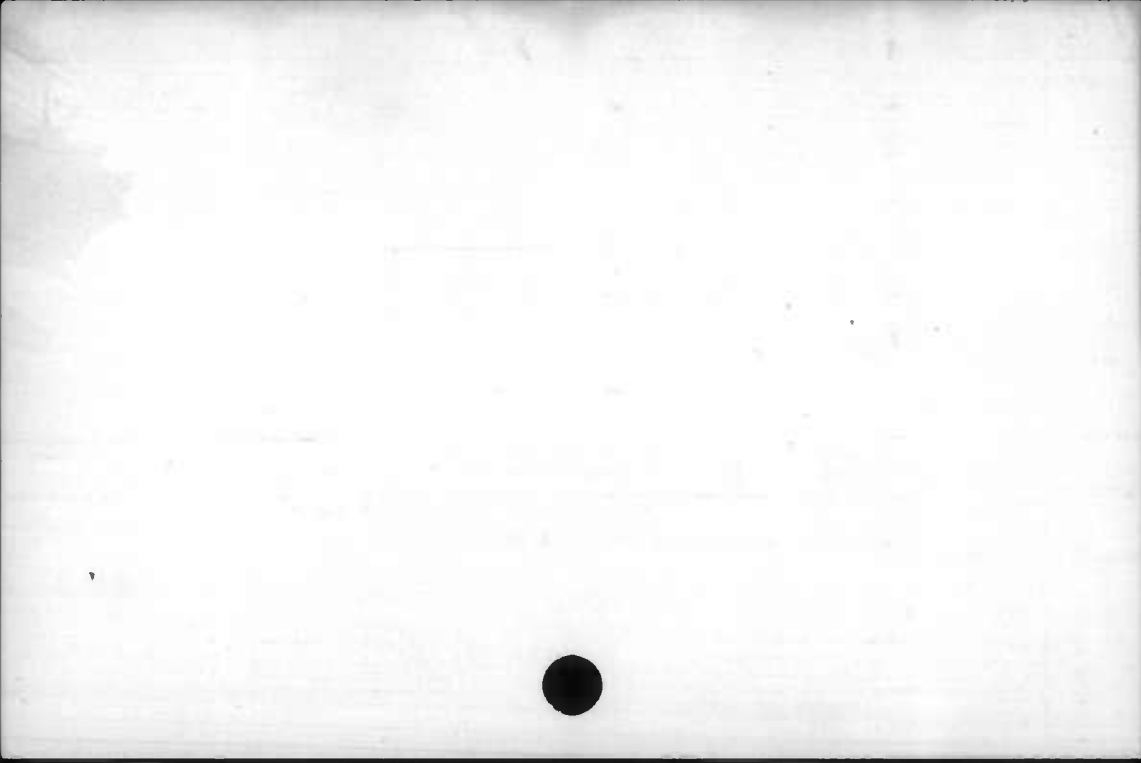
Dr. T. Duggan, M.D.

Port Tobacco Md

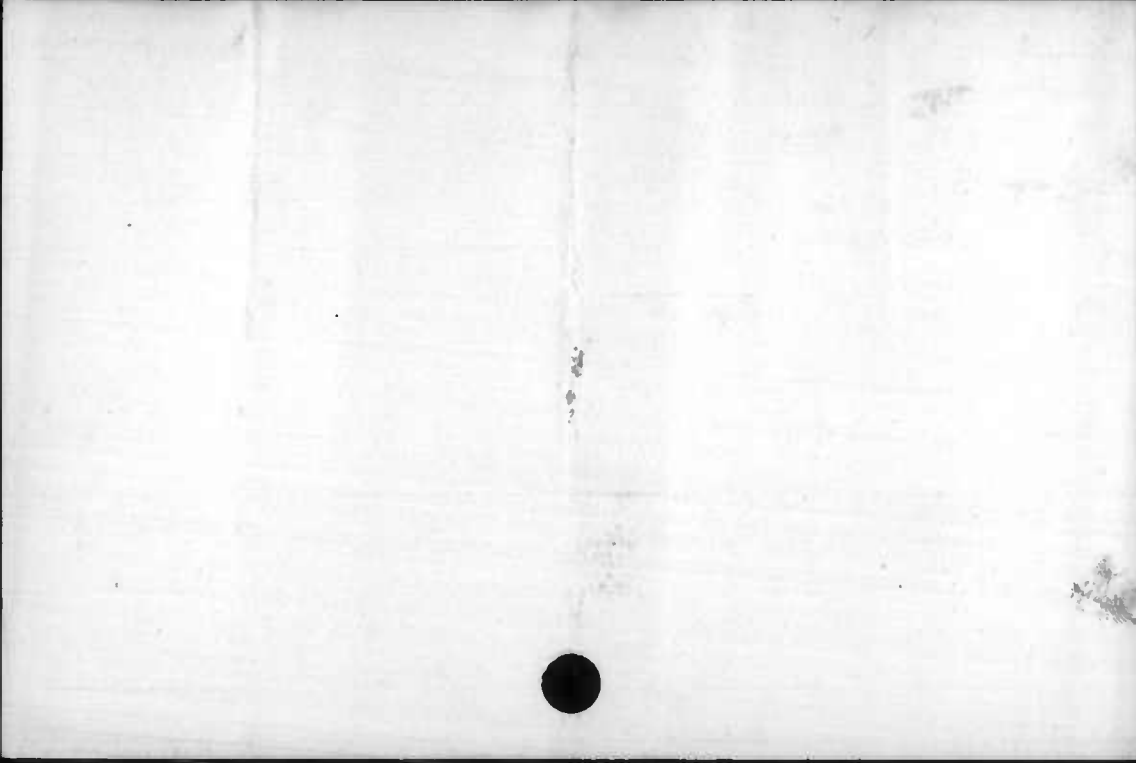
Accident or Suicide?

No

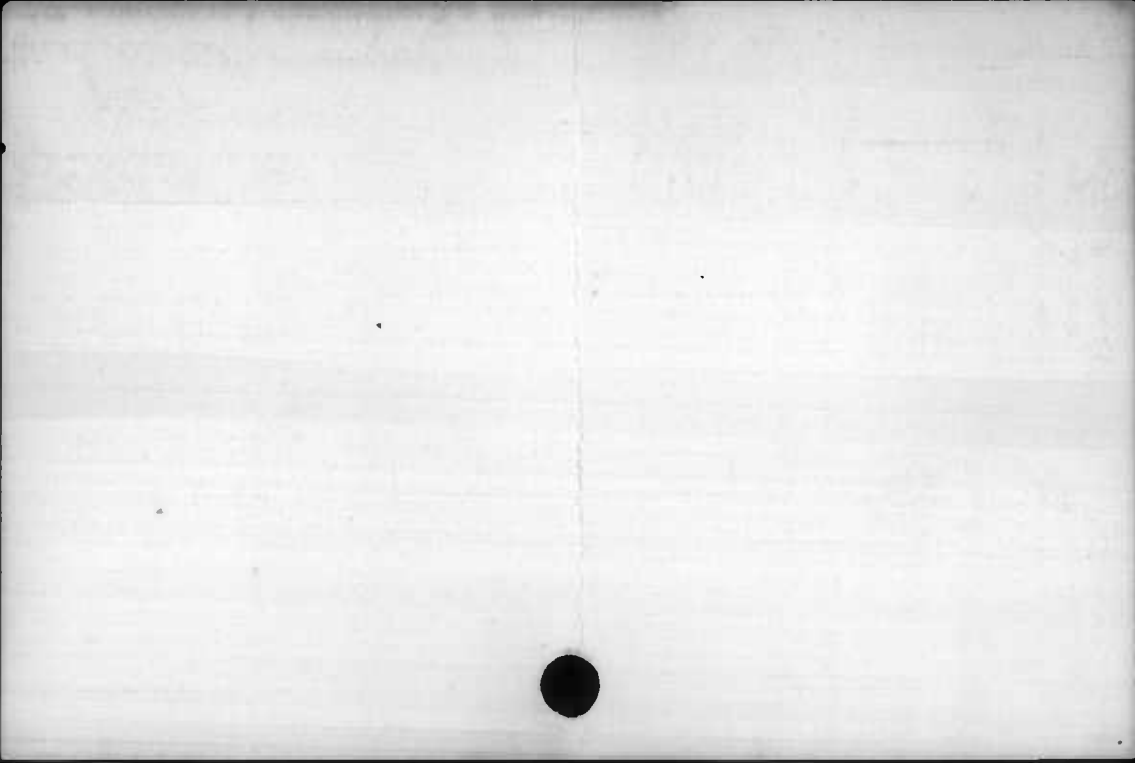
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Frank Datcher				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town New Cross Roads	County Charles	MARYLAND		
		Date of death	1909	Month March	Day 8	Age 37	Years —	Months —
		Sex	Male		Color or Race	Black		Birth-place
		Occupation	Laborer General		Where Residing if not at place of death		Md	
		Married, Single or Widowed	Single		Name of Wife or Husband		—	
		Father's Name	John Datcher				Father's Birthplace	Md
Mother's Maiden Name	Jane Dent				Mother's Birthplace	Md		
Name of person giving information	Joe Green				How related to deceased	—		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary	Pul. Tuberculosis				How long	
		Immediate	Saw the case first time				about 1 yr	
		Are the name, age, sex, color, date and place correctly given above?		yes		How long		
		Signature of Physician		S. H. Speake		Gidylon		
Address		Gidylon						
Identified by		—						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Baltimore</i> ^{Town}		<i>City</i> ^{County}	
		Date of death <i>1909</i> ^{Month} <i>3</i> ^{Day} <i>18</i> ^{Age} <i>52</i> ^{Years}		<i>7</i> ^{Months} <i>10</i> ^{Days}	
		Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Chos CO Md</i>	
		Occupation <i>Clerk</i>	Where Residing if not at place of death <i>Baltimore</i>		
		Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Lorrell</i>		
		Father's Name <i>Samuel Edelin</i>	Father's Birthplace <i>Chos CO</i>		
		Mother's Maiden Name <i>Dont Venable</i>	Mother's Birthplace <i>Chos CO</i>		
		Name of person giving information <i>Gas E Lorrell</i>	How related to deceased <i>Brother in Law</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Lung</i>	How long <i>2 weeks</i>			
	Immediate <i>abscess Lungs</i>	How long <i>2 weeks</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo H Chappelas</i>			
		Address <i>Hughesville Md</i>			
Accident or Suicide?					



Name
in
Full

Jann Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prophet</i>		Town		County		MARYLAND	
Date of death	1909	Month	March	Day	7	Years	63
Sex	Female	Color or Race	Colored	Birth-place	Ches. Co. Ind.		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband			Lewis Edwards		
Father's Name	Moses Thomas			Father's Birthplace	Ches Co Ind		
Mother's Maiden Name	Mary Jane Hemmickley			Mother's Birthplace	" " "		
Name of person giving information	Lewis Edwards			How related to deceased	Husband		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart-Disease* How long *7 years*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J. W. Mitchell M.D.
Pennsylvania Ind.

Accident or Suicide? *No*



Name
in
Full

Amos Hart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

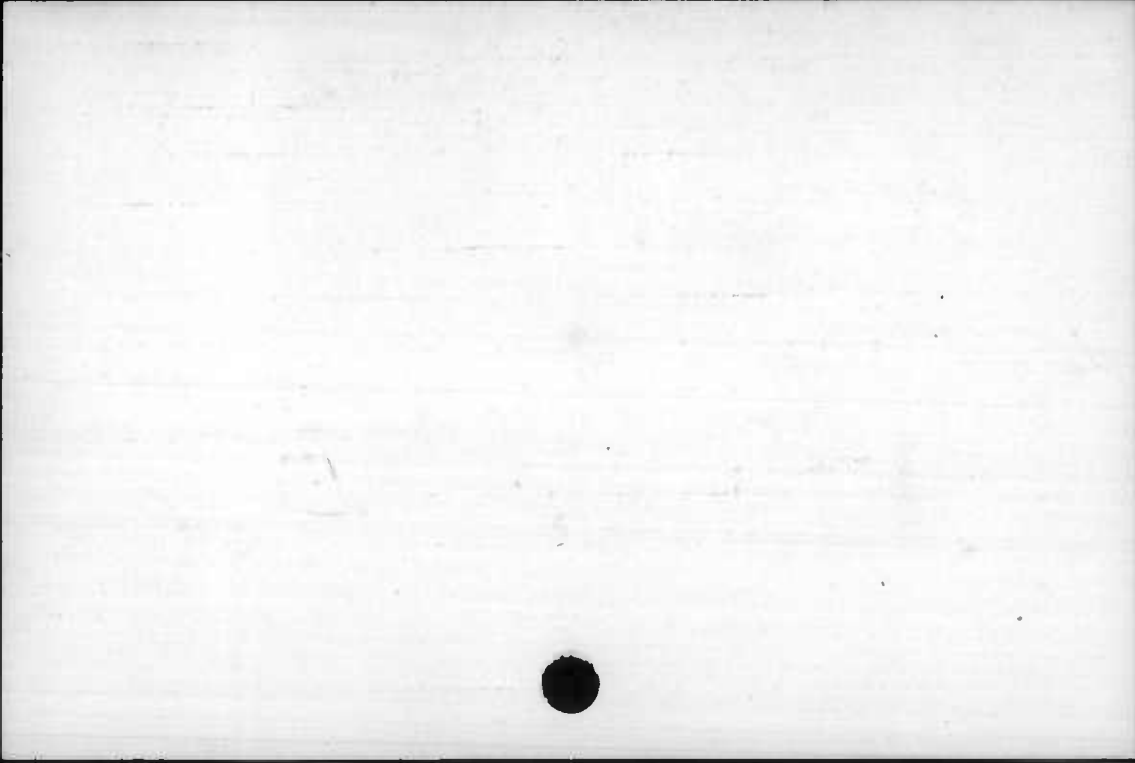
Died at <i>Chicamuxen</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>3</i>	Day <i>28</i>	Age <i>57</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Angelina Hart</i>					
Father's Name <i>Jack Hart</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Anna Hart</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Carlton Thomas</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>2 H 30 mins</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James M. Wheeler</i>
	Address <i>Sub-Registrar</i>
Accident or Suicide? <i>()</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

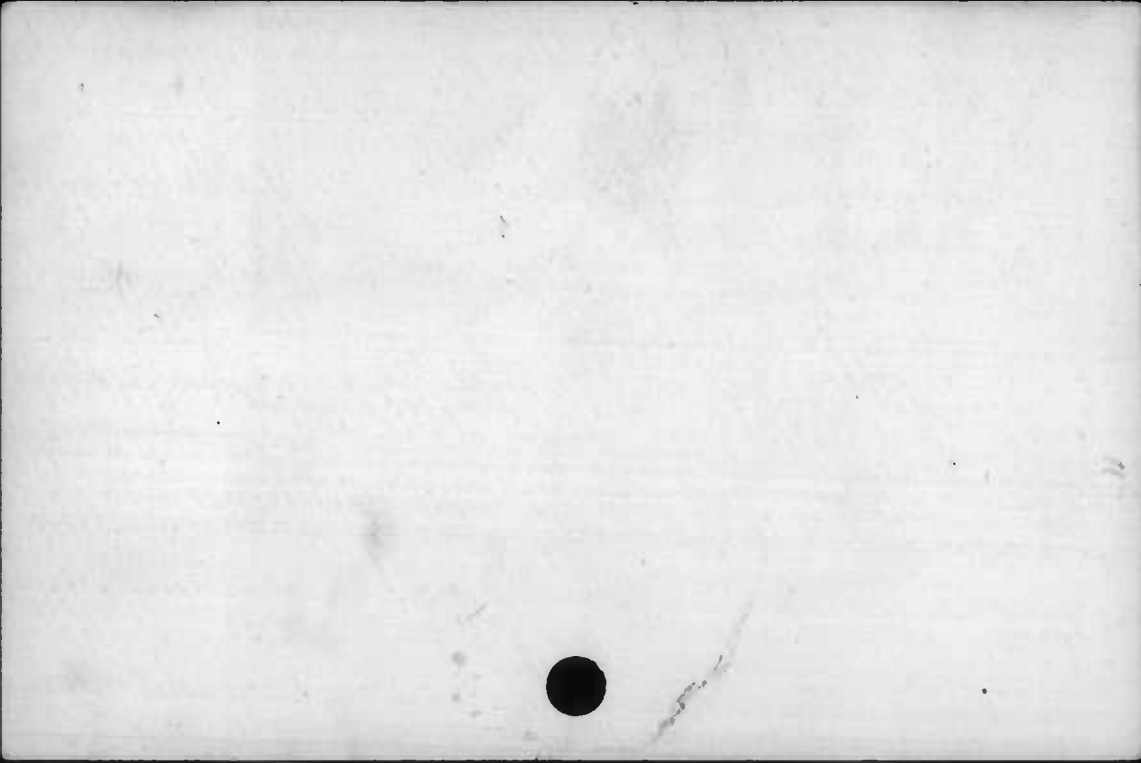
Name <i>Eliza E. Hayden</i>		Town <i>Walnut farm</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Died at <i>Walnut farm</i>		Date of death <i>1909</i>		Month <i>Mar</i>		Day <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>70</i>		Years <i>70</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Walnut farm</i>		Birth- place <i>Chas co</i>		Months <i>-</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Columbus Hayden</i>		Father's Name <i>John Bailey</i>		Father's Birthplace <i>Chas co</i>	
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>		How related to deceased <i>Son</i>		Name of person giving In formation <i>Leon Hayden</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>3 hours</i>
Immediate <i>blood clot on brain</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. King</i>
	Address <i>Wagonsville</i>
Accident or Suicide?	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

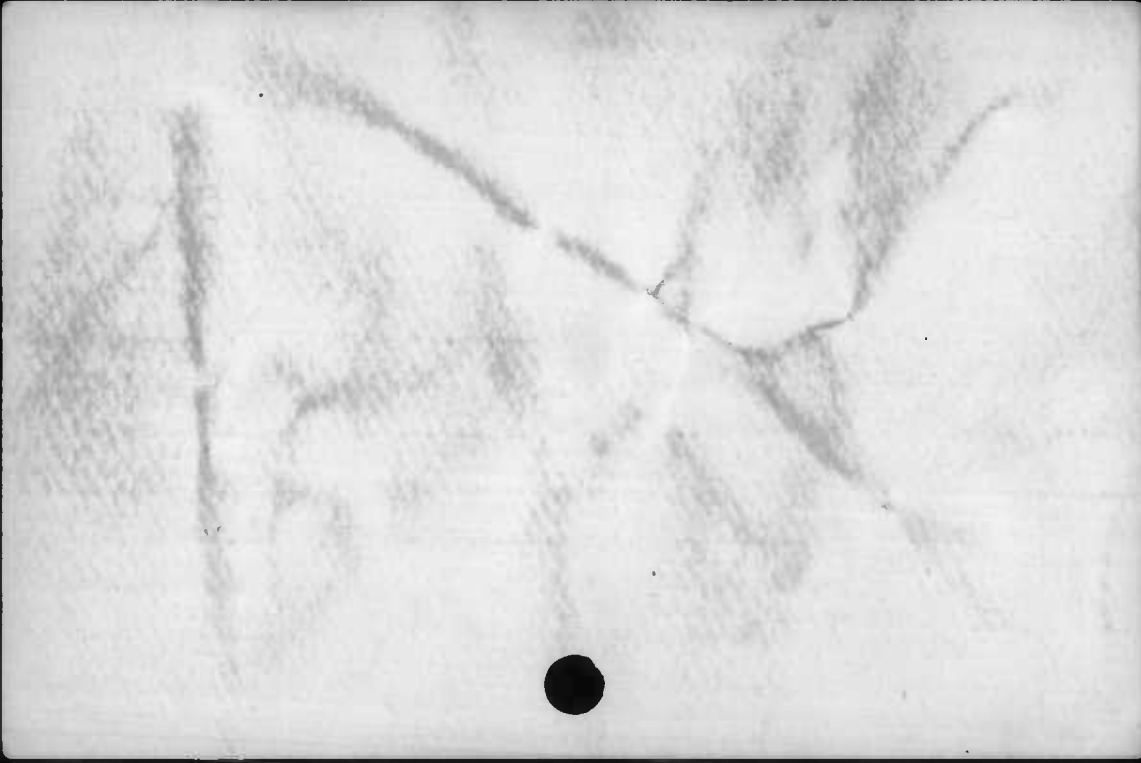
Died at <i>Mount Republican Charles</i>		County	
Date of death <i>1909 March 5</i>		Age <i>28</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Able Grove</i>	
Occupation <i>House Wrt</i>	Where Residing if not at place of death <i>Not Republican</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Not any</i>		
Father's Name <i>Irish Mahorney</i>	Father's Birthplace <i>Blackfriars</i>		
Mother's Maiden Name <i>Genies Barnes</i>	Mother's Birthplace <i>Chesville</i>		
Name of person giving information <i>Sylvester Calbert</i>	How related to deceased <i>Not any</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phtisis Pulmonalis</i>	How long <i>don't know</i>
Immediate <i>Hemorrhage</i>	How long <i>don't know</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Reuben Gough</i>
	Address <i>Newburg, Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jornub Loft-Dobal

Town

County

Died at Luccous-Grove

Charters

MARYLAND

Date
of death 1909

Month

March

Day

4

Years

Age

—

Months

4

Days

—

Sex

Male

Color or
Race

Caucase

Birth-
place

Duff

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Levellin Mader

Father's
Birthplace

Duff

Mother's
Maiden Name

Sophia Dobal

Mother's
Birthplace

Duff

Name of person giving
In formation

Levellin Dobal

How related
to deceased

Brother

CAUSES OF DEATH

10

Primary

La Grippe

How long

3 days

Immediate

Pneumonia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. O. Womack

Address

Ward

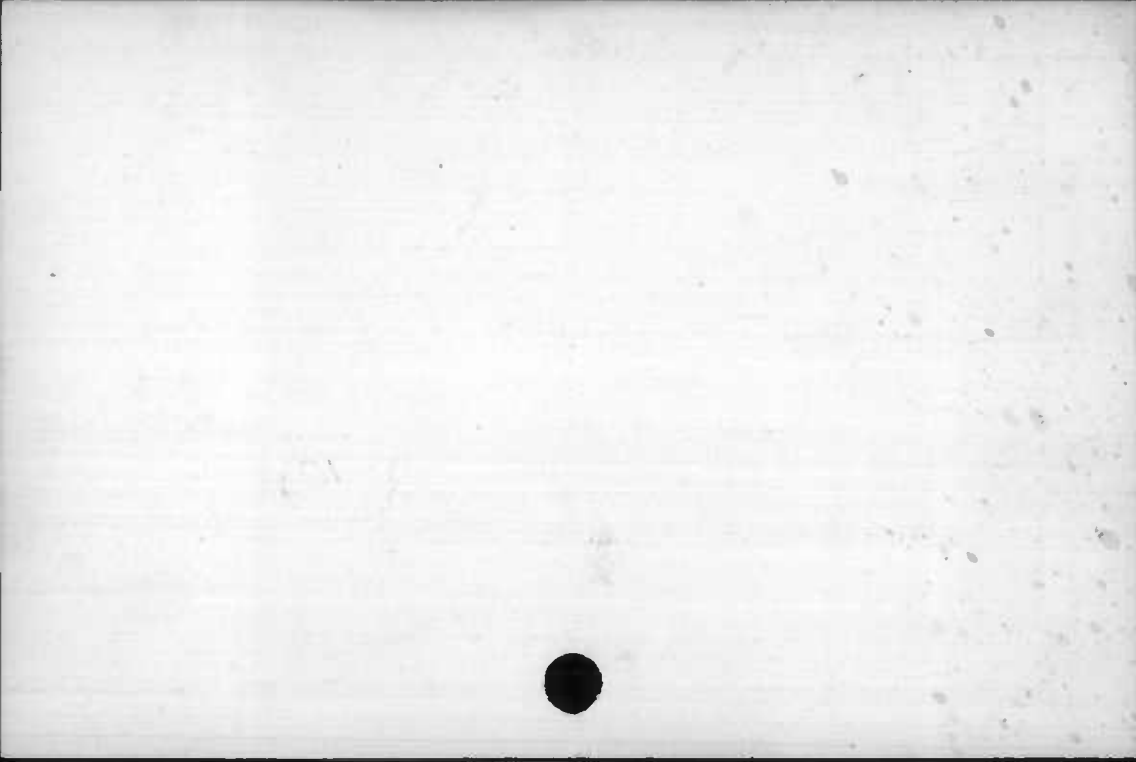
Duff

Accident or Suicide?

—

PHYSICIAN
OR CORONER

6



Name
in
Full

C. Walter Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>La Plata</i>		Town <i>La Plata</i>		County <i>Charles</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb</i>	Day <i>15</i>	Age <i>50</i>	Years	Months <i>10</i>	Days <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Charles tw</i>
Occupation	<i>Jailer</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Gennie Marshall</i>			
Father's Name	<i>Bruce Marshall</i>				Father's Birthplace	<i>Charles tw</i>	
Mother's Maiden Name	<i>Julia Ann Proze</i>				Mother's Birthplace	<i>Charles tw</i>	
Name of person giving information	<i>Charles Marshall</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage - Apoplexy</i>		How long	<i>5 days</i>
Immediate	<i>Cardiac & Respiratory paralysis</i>		How long	<i>gradual from time of stroke</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Thos. S. Brown M.D.</i>
			Address	<i>La Plata</i>
Accident or Suicide?		<i>No</i>		<i>Med</i>



Name
in
Full

Celia Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hill Top</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>March</i>	Day <i>20</i>	Age <i>23</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Charles Co. Md.</i>		
Occupation <i>Servant</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Aloysius Matthews</i>			Father's Birthplace <i>Charles Co. Md.</i>		
Mother's Maiden Name <i>Celia Tyson</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>William H. Matthews</i>			How related to deceased <i>Brother.</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. C. Bicknell, M.D.</i>
	Address <i>Pisgah, Md.</i>
Accident or Suicide? <i>—</i>	

W. F. Browne
Esq. Rey

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Matthews</i>		Town <i>Hill Top</i>		County <i>Cherokee</i>		MARYLAND	
Died at <i>Hill Top</i>		Date of death <i>1909</i>		Month <i>March</i>		Day <i>13</i>	
Age <i>10</i>		Years <i>10</i>		Months <i>10</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Chas. Co. Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Calypsius Matthews</i>				Father's Birthplace <i>Chas. Co. Md</i>			
Mother's Maiden Name <i>Eliza Dixon</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>William N. Matthews</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>10 yrs</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Geo. C. Bicknell, M.D.</i>	
		Address <i>Pisgah, Md.</i>	
Accident or Suicide? <i>—</i>			

W. F. Browne
San Ray

Name
in
Full

Horace Ann Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near La Plata</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>14</i>	Age <i>20</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Charles Co</i>		
Occupation <i>housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Wallis Miles</i>			
Father's Name <i>Alfred Jennifer</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Susan Thomas</i>			Mother's Birthplace <i>Charles Co</i>		
Name of person giving information <i>Wallis Miles</i>			How related to deceased <i>husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>about 1 year</i>
Immediate <i>asthenia - gradual failure of strength</i>	How long <i>about 3 or 4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen M.D.</i>
	Address <i>La Plata Md</i>
Accident or Suicide? <i>no</i>	



Name
In
Full

James Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

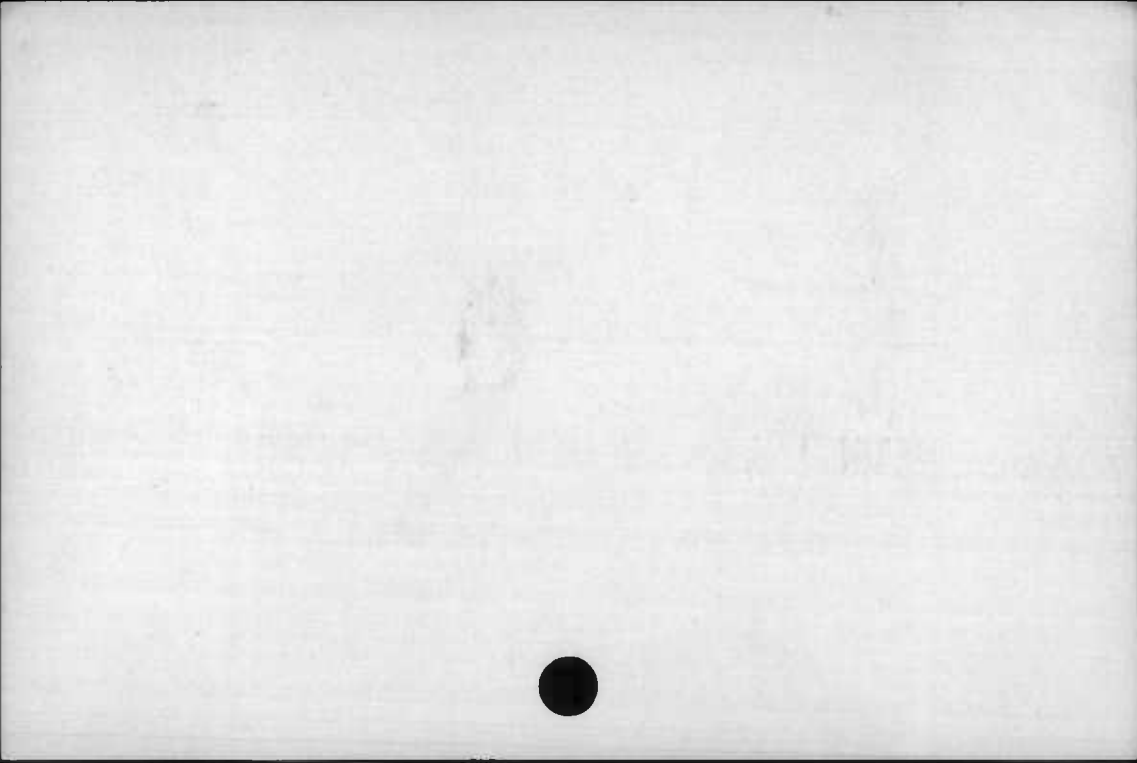
Died at		Town Falkner		County Charles		MARYLAND	
Date of death		1909	Month Mar	Day 9	Age 81	Years	Months Days
Sex Male		Color or Race Caucasian		Birth- place St Mary's Co			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Widower		Name of Wife or Husband Sarah Barker					
Father's Name Gilbert Owens				Father's Birthplace St Mary's Co			
Mother's Maiden Name Janie Goodman				Mother's Birthplace Virginia			
Name of person giving In formation A. A. Barker				How related to deceased Sister in law			

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	Cancer - R Lower Eye lid	How long	2 years
Immediate	Supplicative	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. J. Barker	
		Address Bel Air Md	
Accident or Suicide?			



Name
in
Full

Mary Alice Penny

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

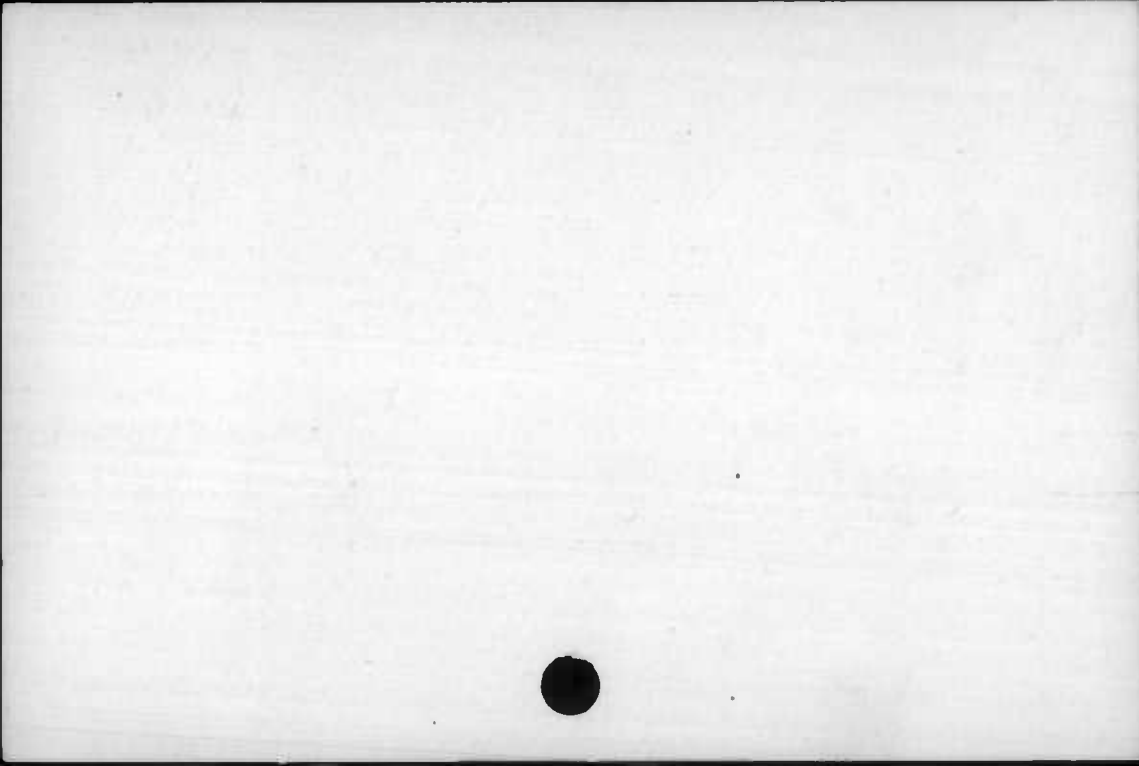
Died at <i>Pisgah</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Year</small>	<i>March</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>39</i> <small>Years</small>	<i>8</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>collord</i>	Birth-place <i>P.G. co. Md.</i>			
Occupation <i>House Keeping</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jos Wm Penny</i>				
Father's Name <i>Jack Logan</i>	Father's Birthplace <i>P.G. co md</i>				
Mother's Maiden Name <i>Mary Davis</i>	Mother's Birthplace <i>P.G. co md</i>				
Name of person giving information <i>Elizabeth Penny</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

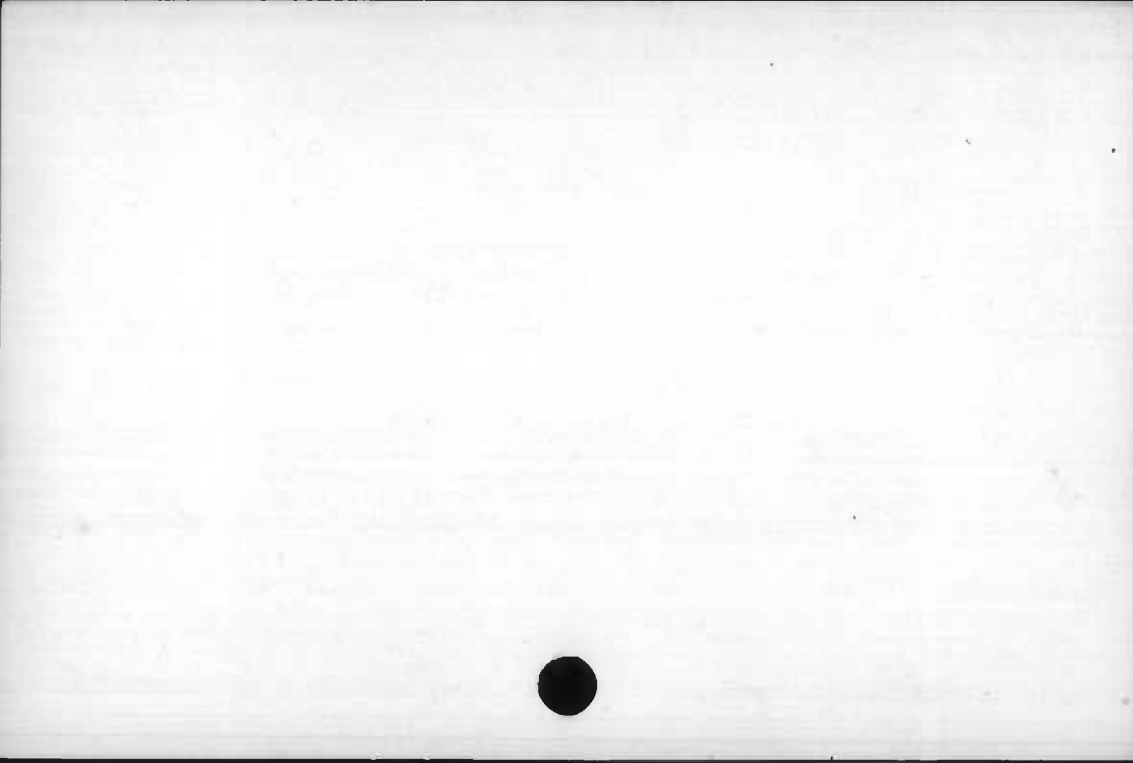
134

PHYSICIAN
OR CORONER

Primary <i>Pregnancy</i>	How long <i>9 mos.</i>
Immediate <i>Cardiac Disturbance</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Bicknell</i>
	Address <i>Pisgah, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH			
Died at		White Plains				Chambers		MARYLAND			
Date of death		1909	Month	March	Day	24	Age	Years	Months	Days	1
Sex		Male		Color or Race		White		Birth-place		Duff	
Occupation		—		Where Residing if not at place of death		—					
Married, Single or Widowed		—		Name of Wife or Husband		—					
Father's Name		Julian G. Roby				Father's Birthplace		Duff			
Mother's Maiden Name		Florence Roby				Mother's Birthplace		Duff			
Name of person giving information		Julian G. Roby				How related to deceased		Father			
		CAUSES OF DEATH				151					
Primary		Malassimulosis				How long		1 day			
Immediate						How long					
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		G. O. Shomon			
						Address		Waldorf			
Accident or Suicide?		—						Duff			



Name
in
Full

Richard Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>nanjemoy</i> <small>Town</small>		<i>charles</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>3</i> <small>Month</small>	<i>2</i> <small>Day</small>	Age <i>63</i>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Mary Groves</i>				
Father's Name <i>Shake Scott</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Charles H. Dodd</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old Age general weak-</i>	How long <i>8 or 10 months</i>
Immediate <i>Dress</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James M. Wheldon</i>
	Address <i>Grayson and Sub-Registrar</i>
Accident or Suicide? <i>(</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Newburg</i> Town <i>Walker</i> County <i>Charles</i>		MARYLAND			
Date of death <i>1909</i>	Month <i>March</i>	Day <i>9</i>	Age <i>27</i>	Months <i>2</i>	Days <i>9</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Dyers Creek, Md.</i>			
Occupation <i>Fisherman</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>William F. Simpson</i>	Father's Birthplace <i>Chas Co Md.</i>				
Mother's Maiden Name <i>Aradenia Walker</i>	Mother's Birthplace <i>Alex Va.</i>				
Name of person giving information <i>William F. Simpson.</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

64
28 hours

Immediate

Coma

How long

12 "

Are the name, age, sex, color, date and place correctly given above?

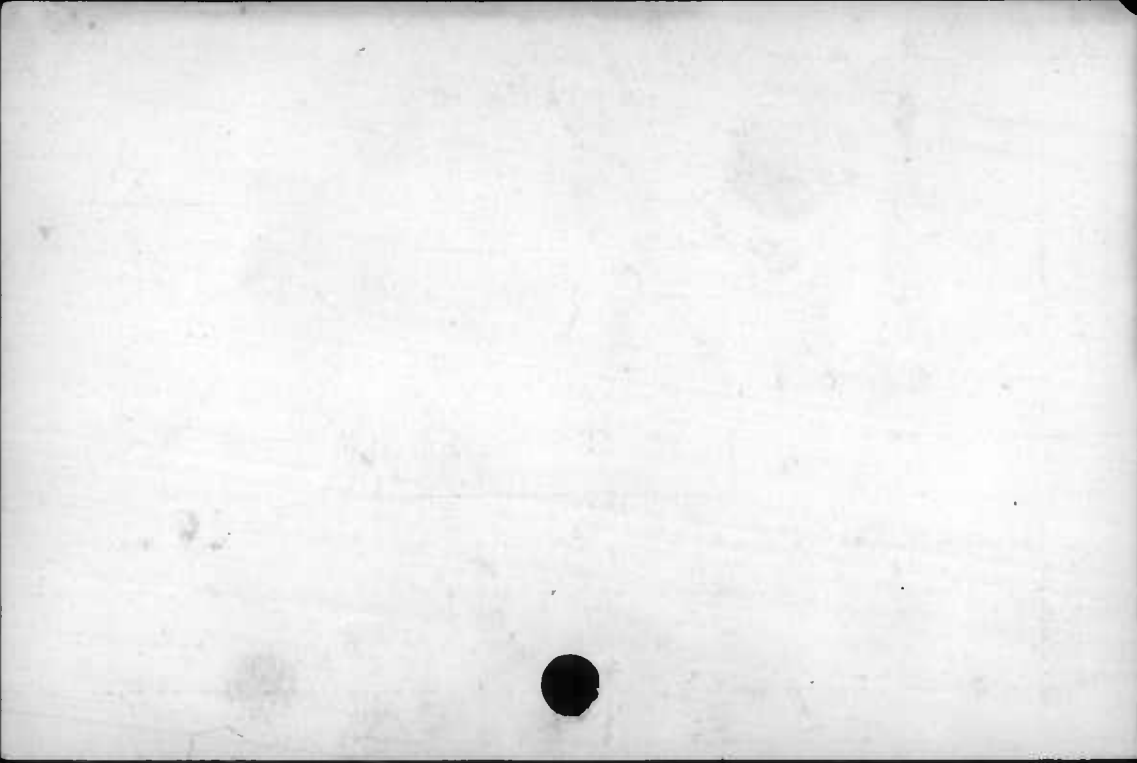
Signature of Physician

Address

Rudolph Gough, M.D.
Newburg, Md.

Accident or Suicide?

—



Name
in
Full

CERTIFICATE OF DEATH

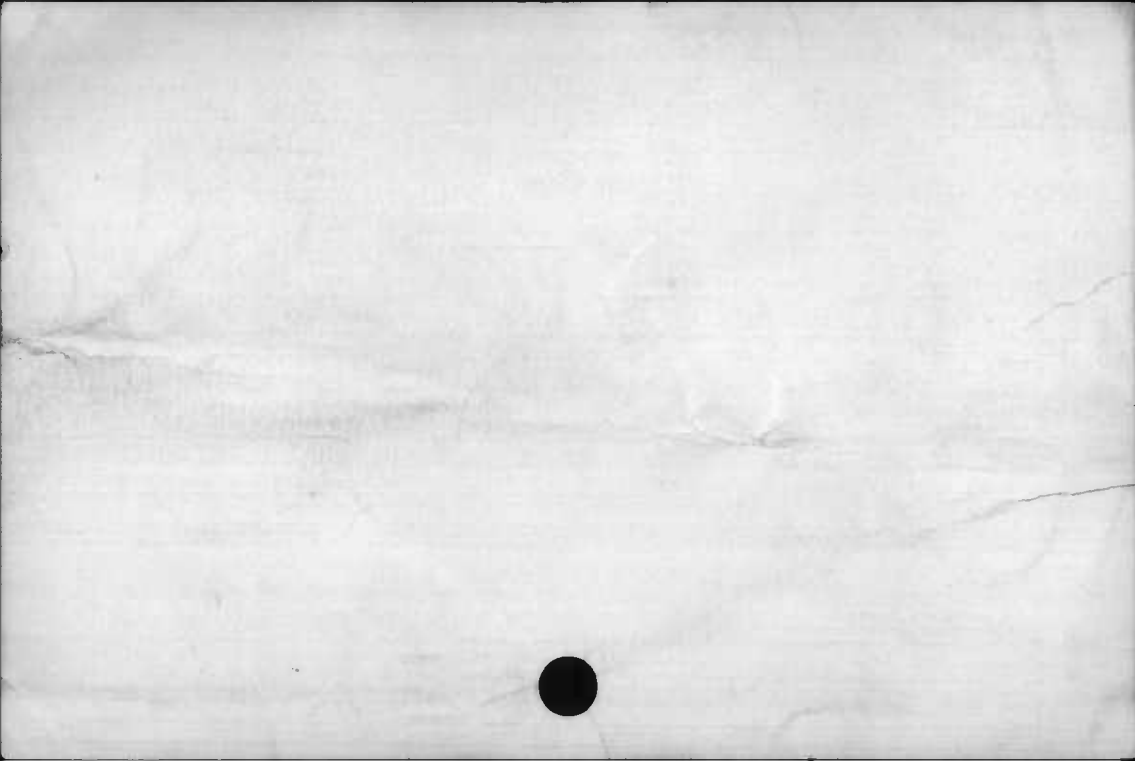
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indian Head, Md</i>		Town <i>Charles-</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>19</i>		Age <i>50</i>	
Sex <i>male</i>		Color or Race <i>colored.</i>		Birth-place <i>Charles Co. Md.</i>		Months <i>-</i>	
Occupation <i>Drinker</i>		Where Residing if not at place of death <i>Potomac Key Md.</i>		Years		Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Swann</i>		Father's Name <i>Watt Swann</i>		Father's Birthplace <i>Charles Co. Md.</i>	
Mother's Maiden Name <i>Ann R. Adams</i>		Mother's Birthplace <i>Charles Co. Md.</i>		Name of person giving information <i>Thornton Simmons</i>		How related to deceased <i>Brother in Law</i>	

CAUSES OF DEATH

64

Primary	<i>Arterio sclerosis,</i>	How long	<i>indefinite</i>
Immediate	<i>Cerebral Haemorrhage</i>	How long	<i>2 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>CBM Mager</i>	
Address <i>Naval Proving Ground, Indian Head</i>		Accident or Suicide? <i>Accident</i>	



Name
in
Full

Charles A. Willett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

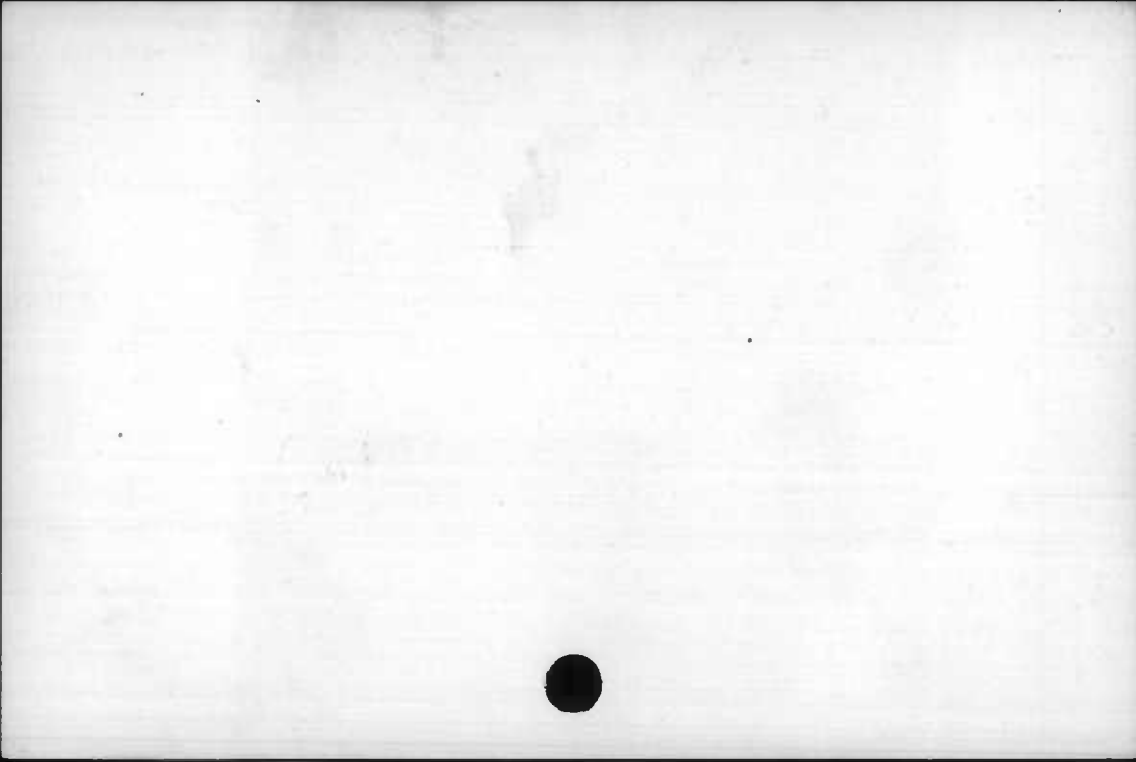
Died at <u>Waldorf</u> ^{Town}		<u>Chancery</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	<u>Dec</u> ^{Month}	<u>21</u> ^{Day}	Age <u>6</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single <u>—</u> or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>Walter C. Willett</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Evel V. Snook</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Walter C. Willett</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <u>La Grippe</u>	How long <u>10 days</u>
Immediate <u>Pneumonia</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. O. Snook</u>
	Address <u>Waldorf</u>
Accident or Suicide? <u>—</u>	<u>Ind</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Catherine Wordland</i>		Town <i>Bryantown</i>		County <i>Charles</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>29</i>		Years <i>1909</i>	
Date of death		Age <i>19</i>		Months <i>11</i>		Days <i>2</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Dominick Wordland</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Olivia Johnson</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Dominick Wordland</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>		How long <i>2 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. C. Corried, M.D.</i>	
		Address <i>Bryantown, Ind</i>	
Accident or Suicide?			

104

